Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

09/56/494	091	1551	494
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CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY		OR	OTHER SMALL I		
FOR			NUMBE	R FILED		NUMBER	EXTRA	l	RATE	FEE	) 	RATE	FEE
ВА	SIC FEE			<del>:</del>						345.00	OR		690.00
то	TAL CLAIMS	50	5	9 minus 2	20=	•	34		X\$ 9=		OR	X\$18=	782
INDEPENDENT CLAIMS 6 minus 3 = * 3									X39=		OR	X78=	734
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=	300
* If the difference in column 1 is less than zero, enter "0" in column 2								L	TOTAL		OR	TOTAL	1272
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL E	ENTITY	OR	OTHER SMALL	THAN
AMENDMENT A		REM Al	AIMS IAINING FTER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	• 5	4	Minus	••	59.	<u>=</u>		X\$ 9=		OR	X\$18=	
AME	Independent		6	Minus	•••	les.	=	l	X39=		OR	X78=	
	FIRST PRESE	NIAIR	ON OF MIL	JETIPLE DEF	ENL	DENT CLAIM		1	+130=		OR	+260=	
								L	TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
			umn 1)			Column 2)	(Column 3)		OUII. FEE			-DOM: 7 CE	
AMENDMENT B		REV A	AIMS IAINING FTER NOMENT		Pf	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	•	54	Minus		59	=	1	X\$ 9=		OR	X\$18=	36
AME	Independent FIRST PRESE	*	ON OF MI	Minus	PENI	ENT CLAIM	-	1	X39=		OR	X78=	
	FINOT PRESE	MIAIN	SIN OF WIC	DETIFIE DET	CIVE	DENT CLASS	<del> </del>	<b>,</b> [	+130=		OR	+260=	-
								_	TOTAL ODIT. FEE		OR	TOTAL ADDIT, FEE	16
			umn 1)			Column 2)	(Column 3)						
AMENDMENT C.		REM A	AIMS IAINING FTER NOMENT		Pf	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	. /	4	Minus	••	59	=//		X\$ 9=	-	OR	X\$18=	
AME	Independent	·	2	Minus	***	<u> </u>	=/		X39=		OR	X78=	
	FIRST PRESE	MIAIN	JN UF ME	JUINE DE	ENL	JENT CLAIM	-	4	+130=		OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								L	TOTAL		OB.	TOTAL	
***	If the "Highest Nu The "Highest Num	mber P	eviously Pa	aid For" IN TH	IS SP	ACE is less tha	n 3, enter "3."	_	DDIT. FEE	propriate bo	•	ADDIT. FEE lumn 1.	

Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

		Effec			<u>M</u>		DIC	194					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL I	ENTITY	OR		R THAN L ENTITY	
T	OTAL CLAIM:	S						RATE	FEE	_	RATE	FEE	
FC	OR	<del>5,</del>	NUMBE	NUMBER FILED NUMBER EXTRA				BASIC FE			BASIC FEE		
TC	TAL CHARGE	EABLE CLAIMS	п	ninus 20=	* 1	/		X\$ 9=	-	OR	V0.40		
INC	DEPENDENT (	CLAIMS	1	minus 3 =	~	V		X42=	++,	$\dashv$	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
ML	JLTIPLE DEPE	ENDENT CLAIM F	PRESENT						+	OR	,	W	
* If	the difference	e in column 1 is	e less than	zero enter	"0" in	column 2	1	+140=	<del>-</del>	OR		<b>N</b>	
		> /				COMMITTE		TOTAL		OR			
10		CLAIMS AS A (Column 1)		Colum) - U:		(Column 3)		SMALL	. ENTITY	OR		R THAN ENTITY	
ENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	7	RATE	ADDI- TIONAL FEE	
AMENDMENT	Totál	. 19	Minus	*5	7	=		X\$ 9=	7	OR	X\$18= <b>\</b>		
AME	Independent		Minus	***	6	-		X42=		OR	X84=		
	FIRST PRESE	ENTATION OF M	ULTIPLE DE	:PENDENT (	CLAIM			+140=		OR	+280=	1	
			· L	TOTAL			TOTAL						
		(Column 1)		(Columi	ın 2)	(Column 3)	А	ODIT. FEE	L	<b>]</b>	ADDIT. FEE		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	] [	RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	* .	Minus	69	Î	=		X\$ 9=		OR	X\$18=		
WE	Independent	*	Minus	***	0	=	1	X42=		OR	X84=		
	FIRST PRESE	ENTATION OF ML	JLTIPLE DEF	PENDENT C	CLAIM		-		<del> </del>	1		<u> </u>	
				•			Ļ	+140= TOTAL	<u> </u>	OR	+280= TOTAL		
			· .		2		ΑC	DDIT. FEE	<u></u>	OR A	ADDIT. FEE		
1	1. 18 May 19 19	(Column 1) CLAIMS		(Column	ST	(Column 3)	r	<del></del>		י ר	<del></del>		
EINI		REMAINING AFTER AMENDMENT		NUMBĘ PREVIOU: PAID FO	ER JSLY	PRESENT. EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
<u> </u>	Total		Minus	**		=		X\$ 9=		OR	X\$18=		
1	Independent	<u> </u>	Minus	***		=		X42=		OR	X84=		
<u>,                                     </u>	IRST PRESE	NTATION OF MU	JLTIPLE DEP	'ENDENT C	;LAIM		<u> </u>						
* If t	he entry in colur	mn 1 is less than the	e entry in colu	ımn 2, write "C	)" in col	umn 3.		+140=		L	+280=		
** If t	the "Highest Nun	mber Previously Pai mber Previously Pai	aid For" IN THIS	IS SPACE is les	ess than	n 20. enter "20."	AD	TOTAL DIT. FEE		OR A	TOTAL DDIT. FEE		

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.